

# Congressman Bernard Sanders

## Privacy Release Form

Date: \_\_\_\_\_

Dear Representative Sanders:

I hereby authorize you to obtain information from (the)

\_\_\_\_\_  
(name of agency)

in order to assist me with the following matter:

X \_\_\_\_\_  
(signature)

### Please Print:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Other Identification/Case Number (if available): \_\_\_\_\_

Please Complete and Return To:  
Congressman Bernie Sanders  
1 Church Street, Second Floor  
Burlington, Vermont 05401